

— THIS FORM MUST BE KEPT CONFIDENTIAL —

982(a)(17)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): Thomas M. Brawand, F-08662 P.O. Box 1050 / A3-216 Soledad, Ca. 93960-1050		FOR COURT USE ONLY FILED MAR 21 PM 5:02 U.S. DISTRICT COURT SAN FRANCISCO, CALIFORNIA
TELEPHONE NO: N/A E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FAX NO. (Optional): N/A	
NAME OF COURT: United States District Court, Northern STREET ADDRESS: District of California MAILING ADDRESS: 450 Golden Gate Ave. CITY AND ZIP CODE: San Francisco, Ca. 94102 BRANCH NAME:		
PLAINTIFF/ PETITIONER: Brawand, Thomas DEFENDANT/ RESPONDENT: M.S. Evans (Warden)		
APPLICATION FOR WAIVER OF COURT FEES AND COSTS		CASE NUMBER 08 1571

I request a court order so that I do not have to pay court fees and costs.

1. a. ☒ I am *not* able to pay any of the court fees and costs.
 b. ☐ I am able to pay *only* the following court fees and costs (specify):

2. My current street or mailing address is (if applicable, include city or town, apartment no., if any, and zip code):

Same as above

3. a. My occupation, employer, and employer's address are (specify):

N/A

- b. My spouse's occupation, employer, and employer's address are (specify):

N/A

- ☐ I am receiving financial assistance under one or more of the following programs:

- a. ☐ SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs
 b. ☐ CalWORKs: California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
 c. ☐ Food Stamps: The Food Stamp Program
 d. ☐ County Relief, General Relief (G.R.), or General Assistance (G.A.)

5. If you checked box 4, you must check and complete one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.

- a. ☐ (Optional) My Medi-Cal number is (specify):
 b. ☐ (Optional) My social security number is (specify):

- - and my date of birth is (specify):

[Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.]

- c. ☐ I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.

[See Form 982(a)(17)(A) Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]

[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]

6. ☐ My total gross monthly household income is less than the amount shown on the Information Sheet on Waiver of Court Fees and Costs available from the clerk's office.

[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]

7. ☐ My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay court fees and costs. [If you check this box, you must complete the back of this form.]

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date: 3-12-08

Thomas Brawand

(TYPE OR PRINT NAME)

Lony Brawand

(SIGNATURE)

(Financial information on reverse)

FINANCIAL INFORMATION

PLAINTIFF/PETITIONER: Brand, Thomas
DEFENDANT/RESPONDENT: M.S. Evans, (Warden)

CASE NUMBER

8. ☐ My pay changes considerably from month to month. (If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.)

9. MY MONTHLY INCOME

- a. My gross monthly pay is: \$ 0
b. My payroll deductions are (specify purpose and amount):

(1)	\$	
(2)	\$	
(3)	\$	
(4)	\$	

- c. My monthly take-home pay is \$ 0
d. Other money I get each month is (specify source and amount; include spousal support, child support, parental support, support from outside the home, scholarship, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):

(1)	\$	
(2)	\$	
(3)	\$	
(4)	\$	

e. MY TOTAL MONTHLY INCOME IS

- (If more space is needed, attach page labeled Attachment 9d.)
The TOTAL amount of other money is: \$ 0
f. Number of persons living in my home: 0
(c. plus d.): \$ 0
Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
------	-----	--------------	----------------------

(1)	\$	
(2)	\$	
(3)	\$	
(4)	\$	
(5)	\$	

g. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS

- (a. plus d. plus f.): \$ 0
10. I own or have an interest in the following property:
a. Cash \$ 0
b. Checking, savings, and credit union accounts (list banks):

(1)	\$	
(2)	\$	
(3)	\$	
(4)	\$	

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

982(a)(17) (Rev. January 1, 2001)

APPLICATION FOR WAIVER OF COURT FEES AND COSTS

(In Forma Pauperis)

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10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):

Property	FMV	Loan Balance
(1)	\$	\$
(2)	\$	\$
(3)	\$	\$

- d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):
- | Property | FMV | Loan Balance |
|----------|-----|--------------|
| (1) | \$ | \$ |
| (2) | \$ | \$ |
| (3) | \$ | \$ |
- e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):

11. My monthly expenses not already listed in item 9b above are the following:

a.	Rent or house payment & maintenance	\$
b.	Food and household supplies	\$
c.	Utilities and telephone	\$
d.	Clothing	\$
e.	Laundry and cleaning	\$
f.	Medical and dental payments	\$
g.	Insurance (life, health, accident, etc.)	\$
h.	School, child care	\$
i.	Child, spousal support (prior marriage)	\$
j.	Transportation and auto expenses	\$
k.	Installment payments (specify purpose and amount):	\$
	(insurance, gas, repair)	\$

(1)	\$	
(2)	\$	
(3)	\$	

- l. Amounts deducted due to wage assignment: \$ 0
m. Other expenses (specify):

(1)	\$	
(2)	\$	
(3)	\$	
(4)	\$	
(5)	\$	

- n. MY TOTAL MONTHLY EXPENSES ARE \$ 0
The TOTAL amount of other monthly expenses is:

12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

982(a)(18)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) Thomas M. Brawand, F-08662 P.O. Box 1050 / A3-216 Soledad, Ca. 93960-1050	FOR COURT USE ONLY
TELEPHONE NO. _____ FAX NO. _____ ATTORNEY FOR (Name) N/A N/A	
NAME OF COURT United States district Court, Northern STREET ADDRESS District of California MAILING ADDRESS 450 Golden Gate Ave. CITY AND ZIP CODE San Francisco, Ca. 94102 BRANCH NAME _____	
PLAINTIFF/PETITIONER: Brawand, Thomas DEFENDANT/RESPONDENT: M.S. Evans (Warden)	
ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS	

1. The application was filed on (date): _____ ☐ A previous order was issued on (date): _____
2. The application was filed by (name): **Thomas M. Brawand**
3. ☐ IT IS ORDERED that the application is **granted** ☐ in whole ☐ in part (see Cal. Rules of Court, rule 985).
- a. ☐ **No payments.** Payment of all the fees and costs listed in California Rules of Court, rule 985(i), is **waived**.
- b. ☐ **The applicant shall pay** all the fees and costs listed in California Rules of Court, rule 985(i), EXCEPT the following:
- | | |
|---|--|
| (1) <input type="checkbox"/> Filing papers. | (6) <input type="checkbox"/> Sheriff and marshal fees. |
| (2) <input type="checkbox"/> Certification and copying. | (7) <input type="checkbox"/> Reporter's fees* (valid for 60 days). |
| (3) <input type="checkbox"/> Issuing process and certification. | (8) <input type="checkbox"/> Telephone appearance (Gov. Code, § 68070.1(c)). |
| (4) <input type="checkbox"/> Transmittal of papers. | (9) <input type="checkbox"/> Other (specify code section): _____ |
| (5) <input type="checkbox"/> Court-appointed interpreter (small claims only). | |
- *Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.
- c. **Method of payment.** The applicant shall pay all the fees and costs when charged, EXCEPT as follows:
- | | |
|--|---|
| (1) <input type="checkbox"/> Pay (specify): _____ percent. | (2) <input type="checkbox"/> Pay: \$ _____ per month or more until the balance is paid. |
|--|---|
- d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the litigant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. ☐ The applicant is ordered to appear in this court as follows for review of his or her financial status:
- | | | | | |
|-------------|-------------|--------------|-------------|-------------|
| Date: _____ | Time: _____ | Dept.: _____ | Div.: _____ | Room: _____ |
|-------------|-------------|--------------|-------------|-------------|
- e. ☐ (must be completed if application is granted in part) Reasons for denial of a requested waiver (specify): _____
- f. ☐ The clerk is directed to mail a copy of this order to the applicant's attorney or to the applicant if unrepresented.
- g. **All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.**
4. ☐ IT IS ORDERED that the application is **denied** for the following reasons (specify): _____
- a. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.

b. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
5. ☐ IT IS ORDERED that a **hearing** be held.
- a. The substantial evidentiary conflict to be resolved by the hearing is (specify): _____

b. The applicant should appear in this court at the following hearing to help resolve the conflict:

Date: _____	Time: _____	Dept.: _____	Div.: _____	Room: _____
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c. The address of the court is (specify): _____

d. The clerk is directed to mail a copy of this order to the applicant only.

NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date: _____

(Continued on reverse)

JUDICIAL OFFICER

ORDER ON APPLICATION FOR WAIVER OF
COURT FEES AND COSTS (In Forma Pauperis)

331-111-1111
Mo. - Dear's Essential Forms TM

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Date:

Clerk, by

Deputy

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

[SEAL]

Clerk, by

Deputy

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at _____, California, _____ on (date): _____ (place)

DEFENDANT/RESPONDENT (Name): M.S. Evans (Warden)

PLAINTIFF/PETITIONER (Name): Thomas M. Bravard

CASE NUMBER